UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response...........16.00

1411799

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
NIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY |            |       |  |  |  |  |
|--------------|------------|-------|--|--|--|--|
| Prefix       |            | Senal |  |  |  |  |
|              |            |       |  |  |  |  |
| j            |            |       |  |  |  |  |
|              | DATE RECEI | AED   |  |  |  |  |
| l            |            | 1     |  |  |  |  |
|              |            |       |  |  |  |  |

| 190                                  | 13/  |  |
|--------------------------------------|--|--|
|                                      | s is an amendment and name has changed, and indicate     | ate change.)   |
| Limited partnership interests/in     | n GMB Global Multi-Strategy, LP                          |  |
| Filing under (Check box(es) that     | apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 50                  | 06 Section 4(6) ULOE   |
| Type of Filing: New Filing           | Amendment Amendment                                      |  |
|                                      | A. BASIC IDENTIFICATION DATA                             | <u> </u>   |
| 1. Enter the information requeste    | d about the issuer                                       |  |
| Name of Issuer ( check if th         | is is an amendment and name has changed, and indic       | cate change.)  |
| GMB Global Multi-Strategy, LP        |  |  |
| Address of Executive Offices         | (Number and Street, City, State, Zip Code)               | Telephone Number (Including Area Code)   |
| c/o GMB Capital Management,          | LLC  | (617) 426-2950   |
| Ten Post Office Square, Suite        | 1200   |  |
| Boston, Massachusetts 02109          |  |  |
|                                      | perations (Number and Street, City, State, Zip Code)     | Telephone Number (Including Area Code)   |
| _(if different from Executive Office | s)   |  |
| Brief Description of Business        |  |  |
| Limited partnership engaged in       | n seeking capital appreciation through investment.       | •  |
| Type of Business Organization        |  |  |
| □ corporation                        |  | ner (please specify): limited liability companys ED  |
|                                      |  | 7 PHUUESSEL  |
| business trust                       | ☐ limited partnership, to be formed                      | <del></del>  |
|                                      | MONTH YEAR   | SEP 1 2007   |
| Actual or Estimated Date of Incor    |  | ☑ Actual ☐ Estimated   |
|                                      | rganization: (Enter two- letter U.S. Postal Service abbr |  |
| bungaletion of incorporation of O    | CN for Canada; FN for other foreign juriso               | TALIANO IN CITATION OF THE PROPERTY OF THE PRO |
|                                      | Civitor Carlada, Fix for other foreign jurisc            | notion)  |

## General Instructions

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on the ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - · Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
    equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                           | ☐ Promoter      | ☐ Beneficial Owner                                      | ☐ Executive Officer               | ☐ Director    | General and/or                  |
|---|-----------------|---|-----------------------------------|---------------|---------------------------------|
| GMB Capital Manageme                                | ent IIC         |   |                                   |               | Managing Partner                |
| Full Name (Last name first, i                       |                 |   |                                   |               |                                 |
| Ten Post Office Square.                             | Suite 1200. Bos | ton, Massachusetts 0210                                 | 09                                |               |                                 |
| Business or Residence Addr                          |                 | (Number and Street, City, St                            |                                   |               |                                 |
|   |                 |   |                                   |               |                                 |
| Check Box(es) that Apply:                           | Promoter        | ⊠ Beneficial Owner                                      |                                   | Director      | General and/or Managing Partner |
| Bitran, Gabriel R. Full Name (Last name first, i    | findividual)    |   |                                   |               |                                 |
| •   | ,               |   |                                   |               |                                 |
| c/o GMB Capital Manag<br>Business or Residence Addr |                 | Post Office Square, Suiter and Street, City, State, Zip | te 1200, Boston, Massach          | nusetts 02109 |                                 |
| Business of Residence Addi                          | ess (140111b    | er and Street, City, State, Zip                         | Code)                             |               |                                 |
| Check Box(es) that Apply:                           | ☐ Promoter      | Beneficial Owner  |                                   | Director      | General and/or                  |
|   |                 |   |                                   |               | Managing Partner                |
| Bitran, Marco Full Name (Last name first, i         | f individual)   |   |                                   | _             |                                 |
| ,   | ·               |   |                                   |               |                                 |
| c/o GMB Capital Manag<br>Business or Residence Addr |                 | Post Office Square, Suiter and Street, City, State, Zip | te 1200, Boston, Massach<br>Code) | nusetts 02109 |                                 |
| Dusiness of Residence Addi                          | ess (ramo       | er and Street, Sity, State, Zip                         | 0000)                             |               |                                 |
| Check Box(es) that Apply:                           | Promoter        | ☐ Beneficial Owner                                      | ☐ Executive Officer               | Director      | General and/or Managing Partner |
| Full Name (Last name first, it                      | f individual)   |   |                                   |               |                                 |
|   |                 |   |                                   |               |                                 |
| Business or Residence Addr                          | ess (Numb       | er and Street, City, State, Zip                         | Code)                             |               | ···                             |
|   |                 |   |                                   |               |                                 |
| Check Box(es) that Apply:                           | ☐ Promoter      | Beneficial Owner  | ☐ Executive Officer               | Director      | General and/or Managing Partner |
| Full Name (Last name first, it                      | findividual)    | <del> </del>  | <u> </u>                          |               |                                 |
|   |                 |   |                                   |               |                                 |
| Business or Residence Addr                          | ess (Numb       | er and Street, City, State, Zip                         | Code)                             |               |                                 |
|   |                 |   |                                   |               |                                 |
| Check Box(es) that Apply:                           | Promoter        | ☐ Beneficial Owner                                      | Executive Officer                 | Director      | General and/or Managing Partner |
| Full Name (Last name first, it                      | findividual)    |   |                                   |               | *                               |
| Business or Residence Addr                          | ess (Numb       | er and Street, City, State, Zip                         | Code)                             |               |                                 |
|   |                 |   |                                   |               |                                 |
|   |                 |   |                                   |               |                                 |
|   | (Use blank      | sheet, or copy and use additio                          | nal copies of this sheet, as ne   | cessary.)     |                                 |

2 of 8

| B. INFORMATION ABOUT OFFERING  |   |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| Yes  1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  | No<br>⊠   |  |  |  |  |  |  |  |  |
| 2. What is the minimum investment that will be accepted from any individual?   |   |  |  |  |  |  |  |  |  |
| Yes No<br>B. Does the offering permit joint ownership of a single unit?  |   |  |  |  |  |  |  |  |  |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |  |  |  |  |  |  |  |  |
| N/A  |   |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |
| Name of Associated Broker or Dealer  |   |  |  |  |  |  |  |  |  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   | tes   |  |  |  |  |  |  |  |  |
| [AL]   | [ID] []<br>[MO] []<br>[PA] []<br>[PR] []  |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)   |   |  |  |  |  |  |  |  |  |
| N/A  |   |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |  |  |  |  |  |  |  |  |
| Name of Associated Broker or Dealer  |   |  |  |  |  |  |  |  |  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)   | tates   |  |  |  |  |  |  |  |  |
| [AL] [ [AK] [ [AZ] [ [AR] [ [CA] [ [CO] [ [CT] [ [DE] [ [DC] [FI] [ [GA] [ [HI] [  | [iD]  |  |  |  |  |  |  |  |  |
| [IL]   | [MO] []<br>[PA] []<br>[PR] []   |  |  |  |  |  |  |  |  |
| Full Name (Last name first, if individual)   | LIN LI  |  |  |  |  |  |  |  |  |
| N/A  |   |  |  |  |  |  |  |  |  |
| Business or Residence Address (Number and Street, City, State, Zip Code)   |   |  |  |  |  |  |  |  |  |
| Name of Associated Broker or Dealer  |   |  |  |  |  |  |  |  |  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers   |   |  |  |  |  |  |  |  |  |
| (Check "All States" or check individual States)  | tates   |  |  |  |  |  |  |  |  |
| [AL]   | (ID)  |  |  |  |  |  |  |  |  |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE  | OF PROCEEDS                 |  |
|---|-----------------------------|--|
| <ol> <li>Enter the aggregate offering price of securities included in this offering and the total amount already sold.         Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.     </li> </ol>                                   |                             | <u>. ,</u>                                 |
| Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
| Debt  | \$ <u>0</u>                 | \$ <u>0</u>                                |
| Equity Common Preferred   | \$ <u>0</u>                 | \$ <u>0</u>                                |
| Convertible Securities (including warrants)   | \$ <u>0</u>                 | \$ <u>0</u>                                |
| Partnership Interests (See Exhibit A hereto)  | \$ <u>200,000,000</u>       | \$ <u>0</u>                                |
| Other (Specify)   | \$ <u>0</u>                 | \$ <u>0</u>                                |
| Total   | \$200,000,000               | \$ <u>0</u>                                |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."                     | Number of Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors  | <u>0</u>                    | \$ <u>0</u>                                |
| Non-accredited Investors  | <u>0</u>                    | \$ <u>0</u>                                |
| Total (for filing under Rule 504 only)  | <u>N/A</u>                  | \$ <u>N/A</u>                              |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   | Time of                     | Dollar Amount                              |
| Type of offering  | Type of<br>Security         | Sold                                       |
| Rule 505  | <u>N/A</u>                  | <u>N/A</u>                                 |
| Regulation A  | <u>N/A</u>                  | <u>N/A</u>                                 |
| Rule 504  | <u>N/A</u>                  | <u>N/A</u>                                 |
| Total   | <u>N/A</u>                  | <u>N/A</u>                                 |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the<br>securities in this offering. Exclude amounts relating solely to organization expenses of the<br>issuer. The information may be given as subject to future contingencies. If the amount of an<br>expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
| Transfer Agent's Fees   |                             | \$ <u>0</u>                                |
| Printing and Engraving Costs  | 🖂                           | \$ <u>2,500</u>                            |
| Legal Fees.   |                             | \$ <u>5,000</u>                            |
| Accounting Fees   |                             | \$30,000                                   |
| Engineering Fees  |                             | \$ <u>0</u>                                |
| Sales Commissions (specify finders' fees separately)  | 🗆                           | \$ <u>0</u>                                |
| Other Expenses (identify) Various blue sky filing fees  | ⊠                           | \$ <u>5,000</u>                            |
| Total   |                             | \$42,500                                   |

| _  | C. OFFERING PRICE, N   | NUMBER OF INVESTORS, EXPENSES AND  | USE (  | OF PROCEEDS  |                                |
|----|--|--|--------|--|--------------------------------|
|    | tion 1 and total expenses furnished in respor                                      | te offering price given in response to Part C- Conse to Part C- Question 4.a. This difference is   | ;      |  | \$ <u>199,957,500</u>          |
| 5. | for each of the purposes shown. If the amount                                      | s proceeds to the issuer used or proposed to be for any purpose is not known, furnish an estimate otal of the payments listed must equal the adjuste se to Part. C- Question 4.b. above. | e and  |  |                                |
|    | group production to the location control throughout                                |  |        | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others          |
|    | Salaries and fees  |  |        | \$   | □ \$                           |
|    | Purchase of real estate  |  |        | \$   | ☐ \$ <u>_</u>                  |
|    | Purchase, rental or leasing and install  | ation of machinery and equipment   |        | \$   | □ \$                           |
|    | Construction or leasing of plant building  | gs and facilities  |        | \$   | <b>\$</b>                      |
|    | offering that may be used in exchange  | the value of securities involved in this for the assets or securities of another   |        | \$   | □ <b>\$</b>                    |
|    | , , ,  |  |        | \$   | □ \$                           |
|    |  |  |        |  |                                |
|    | •  |  |        | \$   | □\$                            |
|    | subsidiary in order to cover such subsi<br>professional and certain operating expe | on-U.S. subsidiary into additional non-U.S. diaries' organizational, licensing, regulatory, enses (including, without limitation, salaries   | u      | \$   | ⊠ \$ <u>199,957,500</u>        |
|    | and fees).   |  |        | \$   | <b>\$</b>                      |
|    | Column Totals  |  |        | \$   | <b>⊠</b> \$ <u>199,957,500</u> |
|    | Total Payments Listed (column totals a   | added)   |        | ⊠ \$ <u>199,957</u> ,                                  | 500                            |
| _  |  | D. FEDERAL SIGNATURE   |        |  |                                |
| fo | lowing signature constitutes an undertaking b                                      | ned by the undersigned duly authorized perso<br>by the issuer to furnish to the U.S. Securities ar<br>the issuer to any non-accredited investor purs                                     | nd Exc | hange Commission                                       | on, upon written               |
| ls | suer (Print or Type)   | Signature  | Date   | 121/07   |                                |
|    | MB Global Multi-Strategy, LP ame of Signer (Print or Type)                         | Title of Signer (Print or Type)  |        | 1-11-4   |                                |
| •  | and or orginal (i till or Typo)  | This chaigher (thin or type)   |        |  |                                |
| G  | abriel R. Bitran   | Managing Member of GMB Capital Manage  | ement  | , LLC, General P                                       | artner of Issuer               |
|    |  |  |        |  |                                |
|    |  |  |        |  |                                |
|    |  | ATTENTION  |        |  |                                |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|      | E. STATE SIGNATURE   |        |  |             |  |  |  |  |
|------|--|--------|--|-------------|--|--|--|--|
| 1.   | 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any disqualification provisions of such rule?   |        |  |             |  |  |  |  |
|      | See Appendix, Column 5, for state response.  |        |  |             |  |  |  |  |
| 2.   | <ol><li>The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on<br/>Form D (17 CFR 239.500) at such times as required by state law.</li></ol>   |        |  |             |  |  |  |  |
| 3.   | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  |        |  |             |  |  |  |  |
| 4.   | 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |        |  |             |  |  |  |  |
|      | The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.  |        |  |             |  |  |  |  |
|      | Issuer (Print or Type)  Signature  Date  | 121/07 |  |             |  |  |  |  |
|      | GMB Global Multi-Strategy, LP  Name of Signer (Print or Type)  Title of Signer (Print or Type)   | -1/0 / |  | <del></del> |  |  |  |  |
| . 40 | The or orginal (Fillit of Type)  |        |  |             |  |  |  |  |

Managing Member of GMB Capital Management, LLC, General Partner of Issuer

#### Instruction:

Gabriel R. Bitran

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# **APPENDIX**

| 1     | 2  | 2 3 4             |  |                                      |  |   |              | 5  |    |
|-------|--|-------------------|--|--------------------------------------|--|---|--------------|--|----|
|       | Intend<br>to non-ac<br>investors<br>(Part B- | credited in State | Type of Security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |   |              | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |
| State | Yes  | No                | Limited<br>Partnership<br>Interest   | Number of<br>Accredited<br>Investors | Amount   | Number of Non-<br>Accredited<br>Investors | Amount       | Yes  | No |
| AL_   |  |                   |  |                                      |  |   |              |  |    |
| AK    |  |                   |  |                                      |  |   |              |  |    |
| AZ    |  | x                 | 200,000,000  | 0                                    | 0  | 0   | 0            |  | X  |
| AR    |  |                   |  |                                      |  |   |              |  |    |
| CA    |  | х                 | 200,000,000  | 0                                    | 0  | 0   | 0            |  | Х  |
| со    |  |                   |  |                                      |  |   |              |  |    |
| СТ    |  | x                 | 200,000,000  | 0                                    | 0  | 0   | 0            |  | х  |
| DE    |  |                   |  |                                      |  |   | <u></u>      |  |    |
| DC    |  |                   |  |                                      |  |   |              | -  |    |
| FL    |  |                   |  |                                      |  |   |              |  |    |
| GA_   |  |                   |  |                                      |  |   |              |  |    |
| н     |  |                   | <del>.</del>   |                                      |  |   |              |  |    |
| ID    |  |                   |  |                                      |  |   |              |  |    |
| IL    |  |                   |  |                                      | <del> </del>   |   |              |  |    |
| IN    |  | -                 |  |                                      |  |   |              |  |    |
| IA    |  |                   |  |                                      |  |   |              |  |    |
| KS    |  |                   |  |                                      |  |   |              |  |    |
| KY    | · · · · ·-                                   |                   | . = . =  |                                      |  |   | <del> </del> |  |    |
| LA    |  |                   |  |                                      |  |   |              |  |    |
| ME    |  |                   |  |                                      |  |   |              |  |    |
| MD    |  |                   |  |                                      |  |   |              |  |    |
| МА    |  | X                 | 200,000,000  | 0                                    | 0  | 0   | 0            |  | Х  |
| MI    |  |                   |  |                                      |  |   |              |  |    |
| MN    |  |                   |  |                                      |  |   |              |  |    |
| MS    |  |                   |  |                                      |  |   |              |  |    |
| МО    | <u> </u>                                     | Х                 | 200,000,000  | 0                                    | 7 of 8   | 0   | 0            |  | Х  |

# **APPENDIX**

| 1     | Intend<br>to non-ad<br>investors<br>(Part B | to sell<br>ccredited<br>in State | 3 Type of Security and aggregate offering price offered in state (Part C-Item 1) | 4  Type of investor and amount purchased in State (Part C-Item 2) |                                       |   |                                       | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |    |  |
|-------|---|----------------------------------|--|---|---------------------------------------|---|---------------------------------------|--|----|--|
| State | Yes   | No                               | Limited<br>Partnership<br>Interest   | Number of<br>Accredited<br>Investors                              | Amount                                | Number of Non-<br>Accredited<br>Investors | Amount                                | Yes  | No |  |
| МТ    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| NE    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| ΝV    |   |                                  |  |   | <del></del>                           |   |                                       |  |    |  |
| NH    |   |                                  |  |   | · · · · · · · · · · · · · · · · · · · |   |                                       |  |    |  |
| ŊJ    |   |                                  |  |   | ,                                     |   |                                       |  |    |  |
| NM    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| NY    | <u> </u>                                    | х                                | 200,000,000  | 0   | 0                                     | 0   | 0                                     |  | х  |  |
| NC    |   |                                  |  |   |                                       |   | · · · · · · · · · · · · · · · · · · · |  |    |  |
| ND    |   |                                  | · · · · · · · · · · · · · · · · · · ·  |   |                                       |   |                                       |  |    |  |
| ОН    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| ОК    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| OR    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| PA    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| RI    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| sc    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| SD    |   |                                  |  |   | <del>.</del>                          |   |                                       |  |    |  |
| TN    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| TX    |   | X                                | 200,000,000  | 0   | 0                                     | 0   | . 0                                   |  | х  |  |
| UT    |   |                                  |  |   |                                       |   | <u>.</u>                              |  |    |  |
| VT    |   |                                  | ·=· · · · · · · · · · · · · · · · · · ·  |   |                                       |   |                                       |  |    |  |
| VA    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| WA    |   | х                                | 200,000,000  | 0   | 0                                     | 0   | 0                                     |  | X  |  |
| wv    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| WI    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| WY    |   |                                  |  |   |                                       |   |                                       |  |    |  |
| PR    |   |                                  |  |   |                                       |   |                                       |  |    |  |

## **EXHIBIT A**

GMB Global Multi-Strategy, LP (the "Partnership") was organized for the purpose of investing and trading in a wide variety of investments, domestic and foreign, of all kinds and descriptions, whether publicly traded or privately placed, including but not limited to common and preferred stocks, bonds and other debt securities, convertible securities, limited partnership interests, mutual fund shares, options, warrants, futures, derivatives (including swaps, forward contracts and structured instruments), monetary instruments, other financial instruments, real estate, private businesses, cash and cash equivalents. The minimum investment amount for the Partnership is \$1,000,000, although GMB Capital Management, LLC (the "General Partner") has discretion to accept lesser amounts. The interests will be continuously offered in the sole discretion of the General Partner. Although there is no maximum or minimum aggregate amount of the units of limited partnership interests which may be sold in this continuous offering, we have inserted the figure of \$200,000,000 in Part C(1) of Form D as a reasonable estimate of the aggregate offering price of such units of limited partnership interests.

